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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET					Application Number 10/054,284			Filing Date 13 November, 2001			☐ To be Mailed		
	Substitute	e for Form l with Form P	PTO-1360		Applicant(s) ANDREASSON ET AL. Page 1 of 1								
					* May be used for additional claims or amendn								
CLAIMS	ASF	FILED	AMEN	R FIRST DMENT ./2006	AFTER SEC. AMENDMENT		*			*		妆	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			1				51						
2							52						
3				1			53						
4				1			54						
5 6				1			55 56						
7				1			57						
8				1			58						
9				1			59						
10				2			60						
11			1				61						
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13 14				1 1			63 64						
15				1			65						
16				1			66						
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22 23				10			72 73						
24				10			74						
25				1			75						
26				1			76						
27							77						
28				1			78						
29				1			79						
30			1				80						
31 32			1	1			81 82						
33				1 1			83						
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40 41							90 91						
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46							96						
47							97						
48					-		98 99						
49 50					-		100						
Total			4				Total						
Indep			_				Indep						
Total				33			Total						
Depend							Depend						
Total Claims			3	37			Total Claims						

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